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Substitute for Form PTO-875							10/629,595			30/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		(Column 1) NUMBER FILED		NUMBER EXTRA		RATE (\$) FEE (\$)		OR	RATE (\$)	FEE (\$)
Н	BASIC FEE	- - "	N/A		N/A		N/A	1 LL (4)	1	N/A	1 LL (0)
Ë	(37 CFR 1 16(a), (b), SEARCH FEE	or (c))	.								
Ľ	(37 CFR 1 16(k), (i),		N/A		N/A		N/A			N/A	
Ш	(37 CFR 1,16(a), (p),	E or (q))	N/A		N/A		N/A			N/A	
(37	TAL CLAIMS CFR 1.16(i))		minus 20 =]	x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			1	x \$ =			X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$29 addit	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
	MULTIPLE DEPEN		1								
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	02/02/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(ii)	· 18	Minus	 20	= 0]	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	3	= 0]	x s =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
_							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
ᆫ		(Column 1)		(Column 2)	(Column 3)	_					
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	•	Minus		=	ı	× \$ =		OR	x s =	
S	Independent (37 CFR 1.16(h))	•	Minus	***	-	1	X \$ =		OR	X \$ =	
Ψ	Application S	ize Fee (37 CFR 1	.16(s))			1			l	<u> </u>	
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
"If the "Highest Number Previously Paid For "IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1. The Solicition of Information is required by 3" GFR 11.6". In information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to											

into collection of information is required by 3 of Left 1.16. The information is required to distance of the process and application. Confidentially is governed by 3 of U.S. C.12 and 37 of U.S. H.1.4. This collection is estimated to late 12 intuities to comprehe including gathering, preparing and submitting the completed application form to the U.S.P.O. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Cell enformation Office. U.S. Patient and Trademark Office, U.S. Department of Commono. P.O. Dox 1450, Alexandria, VA 22313-1450, D.O. NOT SEND FOR ESS OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Dox 1450, Alexandria, VA 22313-1450.